

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION  
FOR *86-98*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 FEB 18 PM 3:02

DOCUMENT # *115921*

1. Corporation Name

PASKILL CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

500002434235--9

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>c/o Corporation Service Company</b> Suite, Apt. #, etc. <b>1201 Hays Street</b> City & State <b>Tallahassee, Florida</b> Zip <b>32301</b>		3. New Mailing Office Address, If Applicable <b>c/o LeBoeuf, 125 West 55th Street</b> Suite, Apt. #, etc. <b>Att'n: S.E. Frank - 12th Floor</b> City & State <b>New York, New York</b> Zip <b>10019-5389</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>December 13, 1927</b>	
Country <b>USA</b>		Country <b>USA</b>		5. FEI Number <b>13-6088222</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable	
				8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/T/D	Polly S. Kahn	c/o LeBoeuf, Lamb, Greene & MacRae, LLP 125 West 55th Street - 12th Floor	New York, New York 10019-5389
P/D/ Asst.T	John Kyle Redican	178 Brixton Road	Garden City, New York 11530
V/S	Seth E. Frank	125 West 55th Street - 12th Floor	New York, New York 10019-5389
V/Asst.S	James F. Downey	c/o Stroock & Stroock & Lavan, LLP 180 Maiden Lane	New York, New York 10038-4982
V	Edward W. Morris	1060 Monroe Street	Hoboken, New Jersey 07030

**REINSTATEMENT** *86-98* *A. Alan*

8. Name and Address of Current Registered Agent

CT Corporation System  
8751 West Broward Boulevard  
Plantation, Florida 33324

9. Name and Address of New Registered Agent

Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
Suite, Apt. #, Etc.  
City  
**Tallahassee** State **FL** Zip Code **32301**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Sandra B. Mortham*  
REGISTERED AGENT MUST SIGN

Date *2/18/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Seth E. Frank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seth E. Frank, Vice-Pres.

2/17/98

Date

(212) 424-8480

Daytime Phone #

CP2E040 (1/98)



**THE UNITED STATES CORPORATION COMPANY**

ACCOUNT NO. : 072100000032

REFERENCE : 710536 4301388

AUTHORIZATION : *Patricia Paskill*

COST LIMIT : \$ 2017.50

ORDER DATE : February 18, 1998

ORDER TIME : 12:49 PM

ORDER NO. : 710536-005

CUSTOMER NO: 4301388

CUSTOMER: Seth Frank, Esq  
Leboeuf Lamb Greene & Macrae  
125 West 55th Street

New York, NY 10019

DIVISION OF CORPORATION  
98 FEB 19 PM 2:02

DOMESTIC FILINGS

NAME: PASKILL CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS

*A. Alar*  
*2/18/98*